

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

2015 AUG - 6 AM 9:24
RECEIVED
SECRETARY OF STATE
CORPORATION DIVISION

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is:
Mobile Kayak, LLC
2. The fictitious business name to be used is Mobile Kayak
3. The state or territory under the laws of which it is incorporated, organized or formed is FL
4. The date of incorporation, organization or formation is June 12, 2015
5. If a business corporation, the address of its registered office within Rhode Island is _____
410 South Main Street, Providence, RI 02903
6. If a business corporation, the business in which it is engaged To operate an establishment that provides kayaks,
boats, nautical and all related equipment for rent or sale; and to engage in all other lawful activity.
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: June 15, 2015

Mobile Kayak, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

FILED

AUG 06 2015

By KL 254215
9.34

By _____
Signature of Authorized Officer of the Corporation

By [Signature]
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

